

RECEIVED CENTRAL FAX CENTER

OCT 29 2004

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. CMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission: 3

Application Number 09/599,040
Filing Date June 21, 2000
First Named Inventor Scott A. Cooper
Art Unit 2668
Examiner Name Michael J. Moore, Jr.
Attorney Docket Number 22-0126

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<p>Remarks</p> <p>This Response to Restriction Requirement faxed to (703) 872-9308</p>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Northrop Grumman Space Technology		
Signature			
Printed name	Noel F. Heal		
Date	October 29, 2004	Reg. No.	26,074

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Noel F. Heal	Date	October 29, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Docket No. 22-0125

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

OCT 29 2004

In the Application of:

Scott A. Cooper et al.

Serial No.: 09/599,040

Filed: June 21, 2000

For: DOWNLINK BEAM HOPPING
WAVEFORM

Examiner: Michael J. Moore, Jr.

Group Art Unit: 2666

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office
(FAX No. (703) 872-9308 on October 29, 2004.)

Noel F. Heal

Signature RESPONSE TO RESTRICTION REQUIREMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In the Office action mailed October 4, 2004, the Examiner required restriction to one of two groups of claims: Group I (claims 1-29) and Group II (claims 30-37).

Application No. 09/599,040

Docket No. 22-0125

In response to the requirement, Applicant elects to prosecute the Group I claims (1-29), and makes this election without traverse of the requirement.

Respectfully submitted,

Date: October 29, 2004



Noel F. Heal
Registration No. 26,074

Northrop Grumman Space Technology
Intellectual Asset Management
One Space Park, E1-2041
Redondo Beach, CA 90278
Telephone: (310) 812-4910
FAX: (310) 812-2687

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☒ FADED TEXT OR DRAWING
- ☒ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☒ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image:
problems checked, please do not report these problems to
the IFW Image Problem Mailbox.